

City of Flagstaff Tax, Licensing & Revenue Division Hotel & Motel Posted Room Rate Filing Form For 3 Month Period Covering:

| Hotel/Motel Name | | | |
|---|---------------------------|----------------------|----------------------|
| Street Address | | | |
| Mailing Address | | | |
| Telephone No. | | | |
| Contact Person & Best Time to Call | | | |
| Type of Room | No. Of Rooms Available | Minimum Room Rate | Maximum Room Rate |
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| Type of Surcharge | Rate | | |
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| The undersigned verifies that the above information is correct. | | | |
| Signature | Title | e | Date |

Hotel ord/filing form.doc